

RECEIVED
CENTRAL FAX CENTER

DEC 02 2004



PILLSBURY WINTHROP LLP

FINANCIAL CENTRE 695 EAST MAIN STREET P. O. BOX 6760 STAMFORD, CT 06904-6760 203.348.2300 F: 203.965.8226

FACSIMILE

Total Pages (including cover): 27

HOUSTON

LONDON

LOS ANGELES

NEW YORK

NORTHERN VIRGINIA

ORANGE COUNTY

SACRAMENTO

SAN DIEGO

SAN FRANCISCO

SILICON VALLEY

SINGAPORE

STAMFORD

SYDNEY

TOKYO

WASHINGTON DC

Date: December 2, 2004

Must Be Sent By:

To: Attn: Examiner Clow
Group Art Unit 1631Fax No: ~~703-308-4242~~ 4028Company: U.S. Patent and Trademark
Office

Phone No: 703-872-9306

Confirm:

Confirmed By:

From: Hans-Peter G. Hoffmann

Phone No: (203) 348-2300

User No:

C/M No: IK-110.3
035800-0310090

Comments:

Re: U.S. Serial No. 10/091,360

Sincerely,

Hans-Peter G. Hoffmann

Reg. No. 37,352

Agent for Applicants

Pillsbury Winthrop LLP

Tel: 203-965-8271

e-mail: hhoffmann@pillsburywinthrop.com

Confidentiality Note:

The documents accompanying this facsimile transmission may contain confidential information which is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please immediately notify us by telephone and mail the original transmission to us. Thank you.

If you have not properly received this fax, please call (203) 348-2300. Thank you.

Operator:

Time Sent:

Batch ID:

PAGE 1/27 * RCVD AT 12/2/2004 6:43:26 PM [Eastern Standard Time] * SVR:USPTO-EFAX-1/0 * DNIS:8729306 * CSID:203 965 8226 * DURATION (mm-ss):06-56

BEST AVAILABLE COPY

DEC 02 2004

PTO/SB/17 (11-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 10/01/2004, Patent fees are subject to annual revision.

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 215.00

Complete if Known

Application Number	10/091,360
Filing Date	March 4, 2002
First Named Inventor	Petros Tsipouras
Examiner Name	Lori A. Clow
Art Unit	1631
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order☒ Deposit Account ☐ NoneDeposit
Account
Number

03-3975

Deposit
Account
Name

Pillsbury Winthrop LLP

The Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- ☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify):**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	

Subtotal (1) \$

FEE CALCULATION (continued)**2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
--------------	--------------	----------	---------------

 $\text{HP} = \text{highest number of total claims paid for, if greater than 20}$

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
---------------	--------------	----------	---------------

 $\text{HP} = \text{highest number of independent claims paid for, if greater than 3}$

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
---------------------------	----------	---------------

Subtotal (2) \$

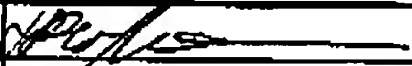
3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	
2-month extension of time	430	215	215
3-month extension of time	980	490	
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	

Other:

Subtotal (3) \$215.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,352	Telephone	203-965-8271
Name (Print/Type)	Hans-Peter G. Hoffmann	Date	12/2/2004		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.